

# Improving Nutritional Care

Supporting NHSScotland staff through practice  
development and education

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**[www.nhshealthquality.org](http://www.nhshealthquality.org)**

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# 1 Introduction

Providing good nutrition is a key aspect of healthcare and an important part of the patient experience, particularly at a time of greater vulnerability – mentally, physically, emotionally and functionally.

Evidence suggests that nutritional care can still be improved in NHSScotland and an Integrated Programme for Improving Nutritional Care has been established to support NHS boards in meeting the requirements of the NHS Quality Improvement Scotland (NHS QIS) Food, Fluid and Nutritional Care in Hospitals standards<sup>1</sup> and to improve care for patients in hospital.

A Core Nutrition Pathway has been developed which defines critical points in the patient journey at which nutritional requirements should be assessed, recorded and acted upon. This document:

- describes the Core Nutrition Pathway and how it relates to the care journey
- outlines responsibilities relating to nutritional care
- points you to useful resources and indicates where resources will be available in the future
- suggests ways in which you can begin to improve nutritional care in your area of clinical responsibility
- introduces the work of NHS Education for Scotland (NES) designed to support you in delivering good nutritional care.

It is intended to be a practical guide – the beginning of a comprehensive toolkit of ideas and resources that can help all healthcare practitioners involved in the delivery of nutritional care measure their practice, address areas of concern and improve services or care that they already provide. Some of the resources described are available now, others are being developed and will be available soon.

## 2 Background

NHS QIS defines nutritional care as follows:

The process for making sure that people in hospital get everything their bodies need to give them enough energy. This will be different for each person and may depend on what is wrong with them.<sup>2</sup>

Nutritional care represents a co-ordinated approach to the delivery of food and fluid by different health professionals, and views the patient as an individual with needs and preferences. It is the process that determines a person's preferences and cultural needs, defines his or her physical requirements and then provides the person with what is needed. It follows a person's progress through an illness, by responding to changing nutritional requirements. It involves the monitoring and re-assessment of nutritional status at regular intervals, referral for specialist care when appropriate, and good communication with services in the community. Good nutritional care will involve training for all staff, and access to information for patients.<sup>3</sup>

Following the review of all NHS boards against Standards 1, 2 and 6 of the food, fluid and nutritional care standards by NHS QIS between 2005 and 2006, a national overview report was published in August 2006 detailing recommendations for further improvements in the quality of nutritional care in NHSScotland<sup>3</sup>, specifically that:

- co-ordinated NHS Board nutritional care action plans that include the establishment of nutritional assessment and screening should be developed
- a practice development programme for nursing and AHP staff should be established
- NHS Education for Scotland should support the development of education and training in food, fluid and nutrition for all NHS hospital staff

The Audit Scotland report *Catering for Patients: A follow-up report*<sup>4</sup> was published at the same time as the national overview.

Recommendations from both reports are being taken forward by an Integrated Programme for Improving Nutritional Care in Scotland, a multi-agency group with representation from the Scottish Government, NHS QIS, NES, Health Facilities Scotland and clinical colleagues from across NHSScotland. The overall

aim of this integrated programme is to improve and enhance the nutritional care of people in hospitals by supporting NHS boards to meet the requirements of the NHS QIS standards.

An essential criterion of Standard 1 is that each NHS board has a nutritional care group responsible for the implementation of the NHS QIS standards and a strategic plan to improve the provision of nutritional care. In support of the integrated programme, the Scottish Government has provided funding to each NHS board to appoint a Nutrition Champion.

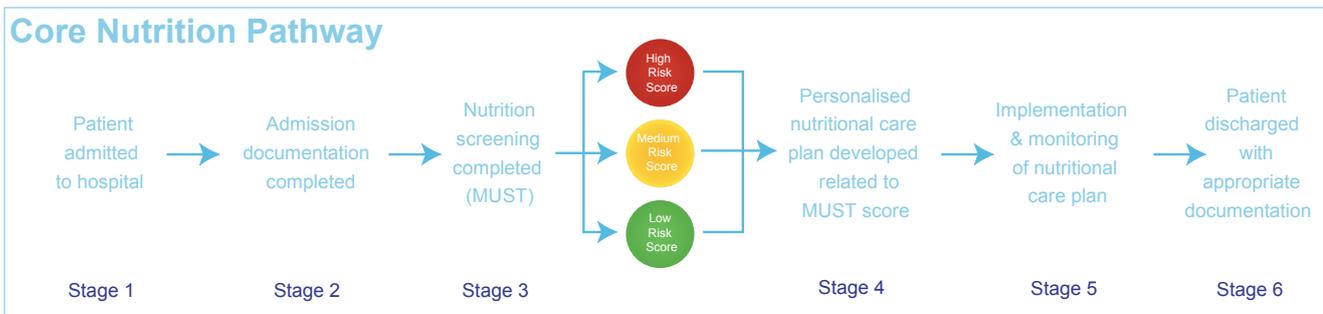
#### Next steps...

- Learn more about the NHS QIS food, fluid and nutritional care in hospitals standards on the NHS QIS website ([www.nhshealthquality.org](http://www.nhshealthquality.org)).
- Take a look at the national overview report.
- Review the local report for your own NHS Board highlighting local strengths and challenges based on the 2004–2005 peer review against standards 1, 2 and 6 of the NHS QIS food, fluid and nutritional care standards.
- Investigate the activities of the Nutritional Care Group within your own organisation and consider how you can influence or engage with this group.
- Find out who your Nutrition Champion is and what help and advice they can offer to improve the nutritional care in your ward/unit.

### 3 The Core Nutrition Pathway

A core nutrition pathway has been developed in consultation with staff from across NHSScotland, incorporating the Malnutrition Universal Screening Tool (MUST)<sup>5</sup>. The Core Nutrition Pathway is intended to clarify what patients should expect in terms of effective nutritional care. It identifies six key stages or critical points in the patient's nutrition pathway. You can use these to investigate the effectiveness and patient centred-ness of care to determine how it measures against best practice.

You may wish to draw together key members of the multidisciplinary team to help you explore what happens at these critical points in more detail. Audit tools are being developed to allow identification of potential areas for improvement and enable action plans to be developed to improve care at each of the critical points.



The patient journey can be complex, with patients receiving care from a variety of healthcare and non-healthcare professionals in a number of locations, for example a health centre, local hospital or tertiary hospital. The Core Nutrition Pathway identifies points of transition where nutritional care may be compromised, for example where the patient moves from community care into hospital or between different hospitals, different wards and in some instances simply transition between staff during staff changeovers.

By minimising the potential risks associated with the various transition points in the patient journey, real improvements can be made to the nutritional care of patients. The potential for poorly managed transitions to impact adversely on nutritional care of patients cannot be underestimated.

**Next steps...**

Take a look at the best practice statements relating to nutritional care on the NHS QIS website ([www.nhshealthquality.org](http://www.nhshealthquality.org))

Think about the key risks in relation to nutritional care as the patient moves along the nutrition pathway.

What policies or processes could you introduce to minimise the risks? Think, for example, about nutritional issues that might be discussed as part of a handover in your clinical area.

## 4 Transition through the Nutrition Pathway

The pathway is presented as a linear model, but for many patients the transition between different stages will not be so clearly defined. Nutritional needs may change over time, particularly whilst in hospital, and repeat screening has to take place at regular intervals to allow for ongoing monitoring.

Movement along the pathway is influenced by:

- promotion of a positive patient experience
- smooth transition between different stages
- the type of leadership and culture of an organisation.

Bear this in mind as you consider each of the stages described below.

### Stage 1 – patient admitted to hospital

When a patient is admitted to hospital it is important to consider the following questions.

- Have they come from another hospital or care setting where they may already have a personalised nutritional care plan in place?
- Is there any relevant nutritional information or documentation that may be helpful to you at this time?

### Stage 2 – admission documentation completed

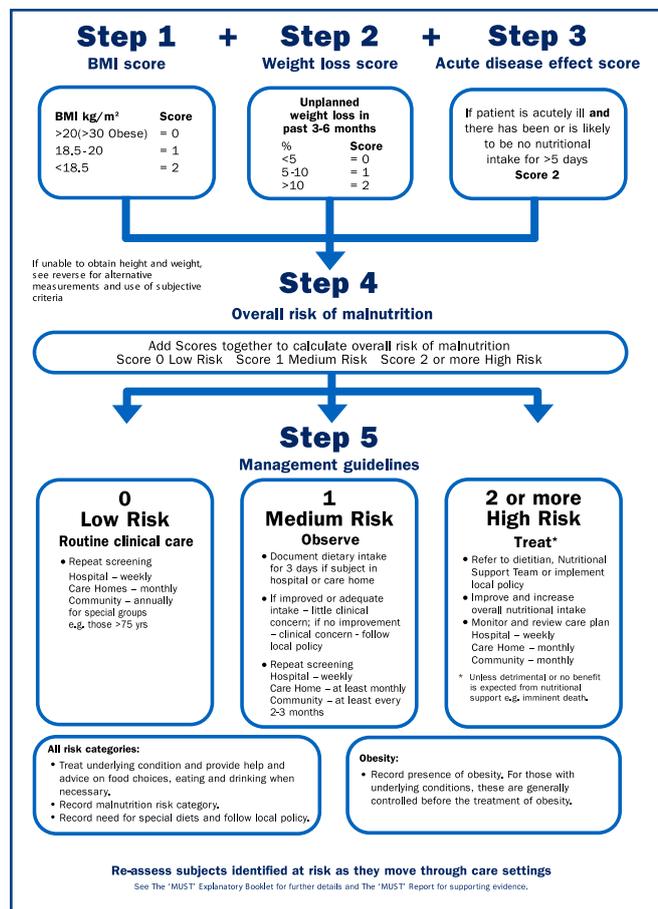
Evidence suggests that the information on nutritional needs recorded on admission to hospital is often inadequate to provide good nutritional care. The bullet points listed below suggest some questions relating to general admission information which should be incorporated into the routine admission process. Information on admission data can provide valuable evidence in support of the food, fluid and nutritional care standards 2 and 3 which cover assessment, screening and care planning. A detailed nutrition screening takes place in stage 3 of the pathway.

- What are the patient's general likes and dislikes and are they recorded in the patient's notes (eg full fat milk as opposed to semi-skimmed milk)?
- Is there an opportunity for the patient to specify portion size?
- Does the patient have any particular food allergies that you should inform the catering staff about (eg nuts or dairy products)?
- Does the patient have any particular religious or cultural requirements (eg Halal meat or patients who are fasting during the month of Ramadan)?
- Does the patient require assistance with eating and drinking?
- Does the patient have any particular difficulties using the utensils (for example the patient with a cerebro-vascular accident or arthritis where they may have difficulty holding or using the utensils)?

- Does the patient have any problems with chewing or swallowing (for example due to oral thrush or ill-fitting dentures)?
- Does the patient have any other clinical condition that means they will require other types of therapeutic diet (for example gluten free diet for coeliac disease)?
- Does the patient have any problem deriving nutrients from their food (eg malabsorption) that may necessitate alternative routes for providing fluids and nutrients?
- Has the patient's appetite changed recently in any way that has caused either weight loss (or weight gain)?
- More generally, is there any other reason that the patient may need any help or assistance with their meals?

### Stage 3 – nutrition screening

There are a number of nutrition screening tools that are available, however, not all have been validated and some may not be applicable in certain patient groups. The National Programme Board for Improving Nutritional Care in Scotland has specified the MUST as the preferred nutrition risk screening tool for adults in hospital and recommends its introduction where no other valid tool is being used in the ward or unit. It has been agreed that this is the minimum acceptable standard and, therefore, the 'default' position for NHSScotland. However, this does not mean that the MUST will be the only tool in use. If organisations require a more specialist tool for their client population then this is acceptable providing the reasoning is explicit and the tool is validated.



The MUST is reproduced here with the kind permission of BAPEN (British Association for Parenteral and Enteral Nutrition [www.bapen.org.uk](http://www.bapen.org.uk)).

The MUST was developed by the Malnutrition Advisory Group (MAG) of BAPEN and first produced in November 2003. The MUST has been validated for use in hospital, community and care settings, the evidence base being contained in the MUST report.

A description of the tool and an explanatory booklet on MUST that contains advice on training and implementation is available on the BAPEN website ([www.bapen.org.uk](http://www.bapen.org.uk)).

#### **Stage 4 – nutritional care plan developed**

An individual care plan should be developed that includes information gathered on admission and the outcome of nutrition screening. The content of the care plan should reflect the MUST score. Specialist referrals (for example to dietitians for advice on therapeutic diets or speech and language therapists for a swallow assessment) should be documented in the care plan. Information on any assistance that individuals require with eating or drinking should also be documented. There may be information within the care plan that should be shared with catering teams, for example around provision of supplements, food allergies and portion sizes.

#### **Stage 5 – implementation and monitoring of care plan**

It is the implementation of the care plan that makes a difference to patients and very often determines whether or not good nutritional care is delivered.

- Are patients getting the appropriate meal?
- If patients require assistance with eating and drinking, is appropriate aid or assistance in place?
- Are food and fluid charts being completed accurately, and
- Is information on nutritional issues being passed on?

Repeat screenings must be undertaken in accordance with clinical need and at a frequency determined by the initial and subsequent screenings. Dates for screening should be recorded in the care plan.

#### **Stage 6 – discharge from hospital**

A patient's stay in hospital is only one part of their journey. Prior to discharge home or to another care setting in the community, a discharge plan should be prepared including relevant nutritional information. Any dietary advice given to the patient and/or carers should be recorded with information on nutritional status, special dietary requirements and arrangements for follow-up or review on nutritional issues.

If patients require nutritional support, such as enteral feeding, it is important to ensure that patients and carers receive adequate training and information prior to discharge from hospital.

**Next steps...**

Take a look at the information on MUST on the British Association for Parenteral and Enteral Nutrition website ([www.bapen.org.uk](http://www.bapen.org.uk)).

Think about what you require to assess a patient's nutritional status.

Do you have the appropriate equipment to measure the patient's height and weight and are the scales calibrated in line with local policy?

## 5 The Patient Experience

The Chief Nursing Officer for Scotland is leading Better Together - Scotland's Patient Experience Programme<sup>6</sup>, a series of patient experience surveys which will be carried out in every NHS board area. Specific questions on nutritional care will be incorporated into these surveys. This is the first time a national co-ordinated approach has been taken to gain the views of patients. Patient surveys are just one method of obtaining feedback, and the work of this national programme will also use other methodologies, for example, patient stories. Other sources of information may include learning from local patient surveys, complaints systems and outputs from the Scottish Public Services Ombudsman Reports.

Listening to patient stories is a useful way for practitioners to learn from the experiences that patients have had during their hospital stay.

### Next steps...

Find out what work is being carried out by your local Nutritional Care Group to gain the views and experiences of the patients.

Remember that feedback on patient experience can provide valuable evidence in support of food, fluid and nutritional care Standard 5 which addresses patient information and communication.

Find out if there are any trends in local complaints in relation to nutritional care. If there are, consider what you can learn from this and what aspects of practice might need to change.

### Protected Mealtimes

Food, fluid and nutritional care Standard criterion 3.7 states that

"All non essential staff activity (clinical and non-clinical) is stopped during patient mealtimes."

Although it is the responsibility of the Senior Charge Nurse to consider how they are going to meet this standard, all staff can make a positive difference to this aspect of the patient experience. By prioritising protected or better managed mealtimes, patients are reassured that they are not going to be interrupted unnecessarily. They also enable staff to have more time to spend with patients who need assistance to eat and drink.

**Next steps...**

Consider these questions.

Does your ward or hospital operate a protected mealtimes policy?

Does your ward or hospital provide any patient information on nutritional care?

What is the procedure if a patient misses one of their meals?

Think about how to avoid clinical tasks when patient meals are being served. (Common examples are drug rounds or other treatments such as changing dressings.)

In those cases where patients require assistance with eating and drinking, consider inviting carers/visitors to be involved in mealtimes.

**Clinical Quality Indicators (CQI) Project**

Clinical Quality Indicators (CQIs) are robust clinical measures designed to focus on continuous improvements in care. The national CQI project aims to enable senior Senior Charge Nurses to produce data to support what they are doing well and highlight areas that require further work. A CQI on Nutrition has been developed which is linked to the Review of the Senior Senior Charge Nurse and focuses on assessment, management and mealtime management. Further information on how you can incorporate the nutritional indicator into local practice will become available as the CQI project is taken forward. Leading Better Care<sup>7</sup>, the report of the Senior Charge Nurse Review and Clinical Quality Indicators Project details an action plan for implementation.

**Next steps...**

Find out who is facilitating the implementation of the senior Senior Charge Nurse review and CQI project in your NHS board.

Consider how information from the CQI data can be used to support changes in practice.

Take a look at Leading Better Care ([www.scotland.gov.uk](http://www.scotland.gov.uk))

## 6 Making it happen-key roles and responsibilities

Although improving nutritional care is a collective responsibility, individuals have specific roles and are accountable in relation to nutritional care, including food safety. The roles described here are essentially clinical in nature and do not represent an exhaustive list. The roles of catering staff are addressed in Food in Hospitals<sup>8</sup>.

### Nutrition Champions

The key purpose of this role is to support NHS boards to improve nutritional care in hospitals. This will be done by providing a co-ordinating role, supporting and developing the existing nutritional care infrastructure to ensure a multidisciplinary approach to improving nutritional care. To ensure that sustained improvements are delivered to patients, the Nutrition Champion will be equipped with the skills and knowledge to support the change process whilst working with other senior colleagues in their organisations.

### Senior Charge Nurses

Although each NHS board will have a Nutrition Champion to provide support, the role of the Senior Senior Charge Nurse is integral to the success of this important programme. The cumulative effect of small improvements made at individual ward level is significant and it is important to recognise success and improvements achieved by frontline staff. This programme will link with the review of the senior Senior Charge Nurse and the more specific work of the Clinical Quality Indicators project relating to food, fluid and nutrition.

In relation to nutritional care, as a Senior Charge Nurse you should:

- ensure that patients undergo an initial assessment
- ensure the patients in your care have a validated nutritional screening undertaken on admission
- ensure access to the required (and calibrated) equipment for measuring weight and height
- ensure the relevant patients have their nutritional care plan implemented
- ensure patients get something to eat if they miss their meal
- ensure the patient receives the meal that they have requested
- operate the protected mealtimes policy
- promote a culture where nutrition is seen to be an integral part of clinical care
- be pro-active to managing change to ensure the nutritional pathway is implemented
- ensure access to the necessary staff training in relation to nutrition care and know where and how to record this

- ensure the patient is seen in a timely manner by relevant specialist staff following referral
- ensure all relevant ward staff know what policies are in place for gathering general nutritional information
- ensure job descriptions for all level of staff cover nutritional care as a key requirement in the post
- make nutrition a priority in staff and student teaching and supervision
- understand the process for monitoring and responding to patient feedback, and
- be able to use Plan Do Study Act (PDSA) cycles to support change.

### Next steps...

Consider the use of audit tools to help measure compliance with the core nutrition pathway.

Good communication between nursing and catering teams is crucial. Think about how you liaise with catering staff. For example do you and your staff know the process for ordering therapeutic diets, tube feeds and supplements?

Do you need to consider asking your staff to review or improve the documentation within the patient's notes?

Take a look at the Improvement and Support Team (IST) website ([www.scotland.gov.uk](http://www.scotland.gov.uk)). The Continuous Improvement Toolkit has a range of tools and techniques including PDSA cycles.

### Staff Nurses

In relation to nutritional care, as a Staff Nurse you should be able to:

- fully complete the validated nutrition screening tool and record results in the patient's notes
- develop a nutritional care plan
- implement any appropriate actions from the nutritional care plan and document in the patient's notes
- identify when someone needs a dietetic and/or other specialist referral and facilitate that referral in a timely manner
- know how to access and implement the protocols for re-ordering missed meals
- know which patients in the ward require assistance with eating and drinking and ensure they receive it
- participate in continuing education that is relevant to nutritional care
- describe what is expected of you in terms of nutritional care
- communicate patient's nutritional care needs to primary care staff before discharge from hospital.

## **Dietitians**

In relation to nutritional care, as a Dietitian you should be able to:

- nutritionally assess, treat and review appropriately referred patients, in a timely manner (FFNC standard criterion 2.9)
- develop, implement and monitor appropriate nutritional treatment plan, in liaison with patient and ward staff, in particular regarding therapeutic diets and including use of any supplementary or tube feeding
- provide any other specialist nutritional advice to patients, staff, relatives and carers during hospital stay and prior to discharge
- liaise with and advise catering and support services as required
- deliver / support training and education associated with nutritional screening and assessment and provision of nutritional care
- liaise with other specialist services when required eg speech and language therapy
- complete all relevant documentation in the nutritional care process, and
- provide leadership in relation to nutrition in collaboration with other care providers.

## **Occupational Therapists**

In relation to nutritional care, as an Occupational Therapist you should be able to:

- assess, plan, provide and advise on the use of feeding aids, and
- inform the discharge planning process, for example in relation to food preparation issues.

## **Speech and Language Therapists**

In relation to nutritional care, as a speech and language therapist you should be able to:

- assess, plan and conduct swallow and texture assessment and advise on outcome
- identify and manage dysphagia
- maximise a patient's potential for safe oral feeding, and
- work closely with dietitians to ensure adequate nutritional intake is achieved for patients presenting with swallowing difficulties.

## Healthcare Support Workers

In relation to nutritional care, as a Healthcare Support Worker you should be able to:

- measure the weight and height of patients and record in the patient's notes
- complete and update food charts/relevant documentation
- provide assistance to those patients in the ward who require help with eating and drinking
- ensure patients have appropriate access to fresh drinking water and that regular oral hygiene is offered.
- participate in continuing education that is relevant to nutritional care, and
- observe and report patients who have difficulty with eating or have poor nutritional intake.

## 7 Supporting practice development through education

The role of NES is to support all healthcare staff involved in the provision of food and fluid, ensuring that they have the knowledge, skills and capabilities to optimise nutritional care as part of the patient experience.

This will be achieved by:

- identifying existing education resources to support the implementation of the Core Nutrition Pathway and addressing identified gaps in educational provision
- signposting staff to education and training at each level of the career pathway
- placing particular emphasis on education relating to transition periods
- making links to the education associated with the review of the Senior Charge Nurse and the CQI project with the aim of supporting leadership and improvements in nutritional care
- supporting the network of nutrition leads
- developing the role of Nutrition Champions, and
- encouraging recognition that education encompasses a wide range of learning strategies beyond formal courses eg reflection, work-based learning, supervision and facilitation.

In order to do this comprehensively and consistently, NES has developed an Education Framework for Nutritional Care which will acknowledge the importance of knowledge, skills, capabilities and existing educational resources. It will articulate with appropriate regulatory, career or qualification frameworks in order that individuals and organisations can assess and plan personal, professional and service development.

In conjunction with practice development around the Core Nutrition Pathway, the Framework will help staff to identify the knowledge, capabilities and skills that they require to improve nutritional care and to access relevant educational resources to help do so.

## Education Framework for Nutritional Care

Educational Infrastructure	The Core Nutrition Pathway	Educational resources
<p><b>Over-arching Frameworks</b> -NHS career Framework - KSF -SCQF</p> <p><b>Standards</b> - NHS QIS standards - catering specifications - profession specific - National Occupational Standards</p> <p><b>Capability Frameworks</b> - profession specific - multi-professional agency - competencies - NOS/SfH</p> <p><b>Educational Governance Frameworks</b></p> <p><b>Networks</b></p> <p><b>Clinical Quality Indicators</b></p> <p><b>Monitoring</b></p> <p><b>Patient Focus Public Involvement</b></p>	<p><b>Hospital admission</b> - assessment - recording information</p> <p><b>Nutrition screening including MUST</b></p> <p><b>Personalised nutritional care plan incorporating a MUST score</b></p> <p><b>Implementation &amp; monitoring of nutritional care plan</b></p> <p><b>Patient discharge</b></p> <p><b>Transition management</b></p>	<p><b>Profession specific</b> - pre-reg - post grad - support workers</p> <p><b>Discipline specific</b> - catering - domestic services - support staff</p> <p><b>Service users</b> - patients - carers - volunteers</p> <p><b>Tools</b> - MUST</p> <p><b>Types</b> - distance - web</p> <p><b>Flying Start</b></p>
<b>Patient experience and safety</b>		

The Framework will not be an educational programme, nor will it describe specific capabilities, but it will refer and link to existing standards, capability frameworks and resources. NES recognises that Capability Frameworks already exist across NHS Scotland and will work with Nutritional Champions to review them and assess the need for the development of a separate framework for nutritional care.

### Educational Infrastructure

In order to successfully deploy education and training related to nutritional care, a comprehensive infrastructure needs to be in place. Staff need to know that education or practice development that they undertake articulates with national nutritional guidelines, the NHS Career Framework and other important sets of standards such as the Knowledge Skills Framework (KSF) and educational governance frameworks. In other words, that education is robust and related to practice.

An overarching framework that everyone can refer to will clarify what education is available, at what level and how it links to the NHS KSF and the Scottish Credit Qualifications Framework (SCQF). It will also highlight key quality indicators and the importance of record keeping, of auditing to ensure continuous service improvement and of the significant involvement of patients and their carers in good nutritional care design.

It may help to identify areas where more educational provision is required, in which case NES will provide guidance to those providing and developing education in this area. Equally, it may help to highlight local provision that could be more widely used.

A network of Nutrition Champions will be a key component of the infrastructure and, in conjunction with NHS QIS, NES will support them by implementing a development programme which will maximise their effectiveness in addressing nutritional care practices. This should ultimately ensure that the education that people receive is appropriate, of high quality and focused on the provision of the best nutritional care. It should also demonstrate why education relating to nutrition and nutritional care should become a core dimension of all professional curricula and be built into Personal Development Plans as appropriate.

The Framework is an evolving model and NES will work with the Nutrition Champions and other stakeholders to identify the needs of service users and providers and translate this into appropriate educational provision.

### **The Core Nutrition Pathway**

The Framework identifies the stages of the Pathway that staff need to focus on in order for them to provide high quality nutritional care. Although the focus of the Integrated Programme is primarily on care in hospitals, nutritional needs are of paramount importance throughout the patient journey as described in the Core Nutrition Pathway. An overall service where good nutrition is integral to patient safety and the patient experience should be available to the patient wherever they access care and as they make transitions such as moving from one ward to another or from one care setting to another. This requires leadership and a culture that demands high quality nutritional care as standard.

The Framework will identify existing education that is relevant to particular stages in the Pathway, as well as to the review of the senior Senior Charge Nurse role, with the aim of supporting leadership and change management and enabling staff to find and access the education that is relevant to them.

### **Educational Resources**

Education relating to nutritional care exists in many formats and some staff will already be using these courses and resources. It is vital that education is available and accessible at all levels, across all disciplines and professions, in a variety of formats, including information and training for service users - patients, their carers and the voluntary sector. NES has surveyed existing provision and published a report of current education relating to nutrition<sup>9</sup>. The challenge is to enable all staff to easily find and access them, where and when they need them and the eventual development of a searchable database will provide a one-stop, coherent and consistent route to identifying and accessing the right education for the right service.

## 8 Next steps for NHS Education for Scotland

This document describes the beginning of a process rather than a finished solution. NES has drawn up an action plan to deliver ongoing support to healthcare staff, partner agencies and other stakeholders to ensure that education provision related to nutrition is relevant, of the highest quality, findable and accessible.

Three priorities for NES in the coming months include:

### **Commissioning and launching a web-based resource to support the educational Framework**

#### **Next step:**

developing a database of current educational resources, and working with practitioners, service providers and nutritional champions to translate this to a meaningful web resource, creating signposts to education and training.

### **Working with NHS QIS to develop and support the network of Nutrition Champions**

#### **Next step:**

completing a learning needs analysis for Nutrition Champions, and implementing a development programme which will maximise their effectiveness in addressing nutritional care practices.

**Consulting with, and leading, an educational advisory group to ensure that the NES contribution to the integrated programme aligns with service need.**

## 9 References

- 1 Food, Fluid and Nutritional Care in Hospitals. (2003) NHS Quality Improvement Scotland (available online accessed June 2008)
- 2 Understanding the standards for food, fluid and nutritional care in hospitals (2003) NHS Quality Improvement Scotland, (available online, accessed June 2008)
- 3 Food, Fluid and Nutritional Care in Hospitals. National Overview (2006) NHS Quality Improvement Scotland (Page 20) (available online, accessed June 2008)
- 4 Catering for patients: a follow-up report (2006) Audit Scotland ([www.audit-scotland.gov.uk](http://www.audit-scotland.gov.uk))
- 5 The Malnutrition Universal Screening Tool (MUST) ([www.bapen.org.uk](http://www.bapen.org.uk), accessed June 2008)
- 6 Better Together Leaflet (2008) Scottish Government
- 7 Leading Better Care Report of the Senior Charge Nurse Review and Clinical Quality Indicators Project (2008) Scottish Government ([www.scotland.gov.uk/Publications/2008/05/30104057/0](http://www.scotland.gov.uk/Publications/2008/05/30104057/0))
- 8 Food in Hospitals, Scottish Government (2008) in press
- 9 NES report on Nutrition Education ([www.nes.scot.nhs.uk](http://www.nes.scot.nhs.uk))







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